

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029117

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 387

Primary Registration District No. 3037

Registrar's No. 442

FILED AUG 8 1963

1. PLACE OF DEATH

a. COUNTY

Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Marceline

Length of stay in 1b

8-Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Chariton

c. CITY

OR TOWN Keytesville

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

110 - East - Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Albert

Middle

Guilford

Last

4. DATE

Month

Day

Year

Aug.

1st.

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 8-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General Farming

11. BIRTHPLACE (City and state or country)

Rockford, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

O.S. Guilford

13b. MOTHER'S MAIDEN NAME

Missouri Coy

14. NAME OF HUSBAND OR WIFE

Artie Cox Guilford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Dean Welch, Keytesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary infarction

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ASHD with mild decompensation

indefinite

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 28 July 63, to 1 August 63 and last saw him alive on 1 August 63

Death occurred at 12:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stemon A. Heimer, MD

22b. ADDRESS

Marceline, Mo

22c. DATE SIGNED

8/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Asbury Cemetery

23d. LOCATION (City, town, or county)

Chariton County, Mo

24. FUNERAL DIRECTOR

H.D. Garnett

ADDRESS

Keytesville, Mo.

25. DATE RECD. BY LOCAL REG.

8-2-63

26. REGISTRAR'S SIGNATURE

Anna Watson

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

AUG 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lilburn K. Tidston

Licensed Embalmer No.

4508

P. O. Address

Marietta, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.